

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597177

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17		1				
18						
19		1				
20	1					
21		1				
22						
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24						
25		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	22	←	←	←	←	←
TOTAL CLAIMS	26	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████